

EXHIBIT A

EEOC Form 5 (5/01)

CHARGE OF DISCRIMINATION This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.		Charge Presented to: Agency(ies) Charge No(s): _____ FEPA <input checked="" type="checkbox"/> EEOC 438-2017-00066	
_____ and EEOC <i>State or local Agency, if any</i>			
Name (indicate Mr. Ms. Mrs.) Ms. Ashley Adams		Home Phone (Incl. Area Code) (978)-476-1993	
Date of Birth 04/25/1992			
Street Address City, State and ZIP Code 2332 Breckenridge Ct. Harrisonburg, VA 22801			
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name Rockingham County (VA)		No. Employees, Members 50+	
Phone No. (Include Area Code) (540)-564-3000			
Street Address City, State and ZIP Code 20 East Gay St. Harrisonburg, VA 22802			
Name Rockingham County (VA)		No. Employees, Members 50+	
Phone No. (Include Area Code) (540)-564-3000			
Street Address City, State and ZIP Code 20 East Gay St. Harrisonburg, VA 22802			
DISCRIMINATION BASED ON (Check appropriate box(es).) <input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input checked="" type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input checked="" type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input type="checkbox"/> DISABILITY <input checked="" type="checkbox"/> OTHER (Specify below.)		DATE(S) DISCRIMINATION TOOK PLACE Earliest Latest 05-01-2017 November 2017 <input type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional paper is needed, attached extra sheet(s)): Sex & Pregnancy Discrimination. Sexual Harassment (Since December 2014) Please, see attached document for further details.			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.		NOTARY – When necessary for State and Local Agency Requirements	
I declare under penalty of perjury that the above is true and correct. 03-12-2018 _____ Date Charging Party Signature		I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year) March, 12, 2018	